## **EMPLOYEE SAFETY ACTION PLAN**

EMILOTEE SAFETT ACTION TEAM					
AGENCY NAME		DIVISION			
RECOMMENDATIONS SUBMITTED BY:			MANAGEMENT APPROVAL BY:		
DATE:		DATE:			
PROGRAM ELEMENTS (Prioritize)	NECESSARY IMPROVEMENTS (List individually, prioritize and explain)	RESPONSIBILITY (Designate responsible party)		TARGET DATE FOR COMPLETION	REVIEW DATE(s) and STATUS (% Complete)